

FROM: MONTANA DEPARTMENT OF ENVIRONMENT QUALITY 1520 EAST SIXTH AVENUE HELENA, MT 59620 TELEPHONE: (406)444-2544	CONTRACT #:	TO:
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SEND BILL, COOLER, CHAIN OF CUSTODY FORM AND RESULTS TO: _____ AT THE ABOVE ADDRESS

PROJECT NAME AND SITE LOCATION:	SAMPLER (SIGNATURE):
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DATE	TIME	SAMPLE NUMBER AND ID	FILT Y/N	PRES.	#OF CONTAINERS	MATRIX	ANALYSES REQUESTED (SPECIFY METHOD #)

Means of Transport to Laboratory (check one) ☐ Hand delivered by sampler ☐ Bus ☐ Mail ☐ Other

COMMENTS: _____

Relinquished by (signature)	Date	Time	Received by (signature)	Name of Receiving Laboratory
Relinquished by (signature)	Date	Time	Received by (signature)	Received for Lab. by (signature)
				Seal Number

Laboratory Copy - White
Sampler Copy = Yellow
DEQ File Copy = Pink